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May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90001 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000051089

1. Corporation Name

ALLIANCE DYNAMICS UNLIMITED, INC.

40 DENNIS HORN

Principal Place of Business

2561 S.W. CHOCTAW STREET  
PORT ST. LUCIE FL 36953

Mailing Address

2561 S.W. CHOCTAW STREET  
PORT ST. LUCIE FL 36953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

65-0857064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 17655 HENDERSON PASS

26 17655 HENDERSON PASS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT #813

27 APT #813

City & State

City & State

23 SAN ANTONIO, TX

28 SAN ANTONIO, TX

Zip

Country

Zip

Country

24 78232

25 US

29 78232

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORN, DENNIS P

2561 S.W. CHOCTAW STREET  
PORT ST. LUCIE FL 36953

17655 HENDERSON  
PASS  
#813  
SAN ANTONIO, TX  
78232

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HORN, DENNIS P  
STREET ADDRESS 2561 S.W. CHOCTAW STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 36953

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 17655 HENDERSON PASS #813  
1.4 CITY-ST-ZIP SAN ANTONIO TX 78232

TITLE D ☒ DELETE

NAME SINGETON, MARK A  
STREET ADDRESS 1801 WEBER STREET  
CITY-ST-ZIP ORLANDO FL 32803

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Delete  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME ALLMAN, MICHAEL T  
STREET ADDRESS 3227 STONEWOOD COURT  
CITY-ST-ZIP ORLANDO FL 32806

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Delete  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME BONE, BRIAN C  
STREET ADDRESS 1431 WEST BROOKSHIRE COURT  
CITY-ST-ZIP WINTER PARK FL 32792

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Delete  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME ELLIS, BENJAMIN  
STREET ADDRESS 400 WEST COMSTOCK AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Delete  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME HORN, GARY G  
STREET ADDRESS 49 NORTHWESTERN AVENUE  
CITY-ST-ZIP BUTLER NJ 07405

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Delete  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis P. Horn DENNIS P. HORN

4/29/99

210 4914315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0517054